

County: Green Lake
 SUNNYVIEW HEALTH CARE CENTER
 900 SUNNYVIEW LN

Facility ID: 8550

Page 1

PRINCETON 54968 Phone:(920) 295-6463
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 50
 Total Licensed Bed Capacity (12/31/04): 56
 Number of Residents on 12/31/04: 40

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 39

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.5	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		32.5	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	More Than 4 Years		35.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5				
Day Services	No	Mental Illness (Org./Psy)	22.5	65 - 74	0.0				
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	30.0				100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.5	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	7.5		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	12.5		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	12.5	65 & Over	97.5	-----			
Transportation	No	Cerebrovascular	40.0		-----	RNs		8.6	
Referral Service	No	Diabetes	2.5	Gender	%	LPNs		9.7	
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	2.5	Male	15.0	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	85.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	1	3.6	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.5	
Skilled Care	4	100.0	150	27	96.4	123	0	0.0	0	8	100.0	138	0	0.0	0	0	0.0	0	39	97.5	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		28	100.0		0	0.0		8	100.0		0	0.0		0	0.0		40	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)	% Independent	Assistance of One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health	11.5	Bathing	5.0	65.0		30.0	40		
Private Home/With Home Health	1.9	Dressing	20.0	50.0		30.0	40		
Other Nursing Homes	1.9	Transferring	32.5	27.5		40.0	40		
Acute Care Hospitals	80.8	Toilet Use	32.5	27.5		40.0	40		
Psych. Hosp.-MR/DD Facilities	0.0	Eating	67.5	17.5		15.0	40		
Rehabilitation Hospitals	0.0	*****							
Other Locations	3.8								
Total Number of Admissions	52	Continence	% Special Treatments						
Percent Discharges To:		Indwelling Or External Catheter	7.5	Receiving Respiratory Care		7.5			
Private Home/No Home Health	24.5	Occ/Freq. Incontinent of Bladder	37.5	Receiving Tracheostomy Care		0.0			
Private Home/With Home Health	10.2	Occ/Freq. Incontinent of Bowel	30.0	Receiving Suctioning		2.5			
Other Nursing Homes	2.0			Receiving Ostomy Care		5.0			
Acute Care Hospitals	44.9	Mobility		Receiving Tube Feeding		2.5			
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.5	Receiving Mechanically Altered Diets		35.0			
Rehabilitation Hospitals	0.0								
Other Locations	4.1	Skin Care			Other Resident Characteristics				
Deaths	14.3	With Pressure Sores	7.5	Have Advance Directives		100.0			
Total Number of Discharges		With Rashes	25.0	Medications					
(Including Deaths)	49			Receiving Psychoactive Drugs		30.0			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		68.8	81.9	0.84	85.5	0.81	85.9	0.80	88.8 0.78
Current Residents from In-County		67.5	72.8	0.93	71.5	0.94	75.1	0.90	77.4 0.87
Admissions from In-County, Still Residing		17.3	18.7	0.93	20.7	0.84	20.5	0.85	19.4 0.89
Admissions/Average Daily Census		133.3	151.4	0.88	125.2	1.06	132.0	1.01	146.5 0.91
Discharges/Average Daily Census		125.6	151.2	0.83	123.1	1.02	131.4	0.96	148.0 0.85
Discharges To Private Residence/Average Daily Census		43.6	74.0	0.59	55.7	0.78	61.0	0.71	66.9 0.65
Residents Receiving Skilled Care		100	95.3	1.05	95.8	1.04	95.8	1.04	89.9 1.11
Residents Aged 65 and Older		97.5	94.3	1.03	93.1	1.05	93.2	1.05	87.9 1.11
Title 19 (Medicaid) Funded Residents		70.0	71.9	0.97	69.1	1.01	70.0	1.00	66.1 1.06
Private Pay Funded Residents		20.0	16.7	1.20	20.2	0.99	18.5	1.08	20.6 0.97
Developmentally Disabled Residents		0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0 0.00
Mentally Ill Residents		22.5	29.5	0.76	38.6	0.58	36.6	0.61	33.6 0.67
General Medical Service Residents		2.5	23.5	0.11	18.9	0.13	19.7	0.13	21.1 0.12
Impaired ADL (Mean)		50.5	46.4	1.09	46.2	1.09	47.6	1.06	49.4 1.02
Psychological Problems		30.0	54.5	0.55	59.0	0.51	57.1	0.53	57.7 0.52
Nursing Care Required (Mean)		10.6	7.4	1.44	7.0	1.52	7.3	1.45	7.4 1.43